

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09718071 FILING DATE _____
APPLICANT(S) _____

6/09/04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				/	
2					/	
3					/	
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46					/	
47					/	
48					/	
49					/	
50					/	
TOTAL IND.	3				3	
TOTAL DEP.	40				40	
TOTAL CLAIMS	43				43	

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51												
52												
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100												
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TOTAL DEP.												
TOTAL CLAIMS												